

Letter to the Editor

Increased Rate of Routine Second Newborn Screen in Washington State

To the Editor:

We recently published an article in the Journal entitled "Factors Which Influence the Rate of Receiving a Routine Second Newborn Screening Test in Washington State" [Doyle et al., 1995]. The purpose of this letter is to inform readers of the successful results of our efforts to increase the rate of obtaining a routine second newborn screening (NBS) specimen in Washington since early 1991, i.e., the time the data were collected for the article.

Over the last 4 years, advocacy for obtaining a routine second newborn screening test in Washington has been accomplished through a variety of formats. The vehicles for disseminating information have included written articles as well as oral presentations targeting health care professionals involved in newborn screening.

Articles have appeared in:

- *Genetics Northwest*—a quarterly publication of the Pacific Northwest Regional Genetics Group distributed to 1,650 genetic, public, and clinical health care professionals, and consumers.
- *Washington Newborn Screening Bulletin*—an annual publication of the Washington State Newborn Screening program distributed to 2,500 Washington health care providers.
- *Healthy Mothers/Healthy Babies Gift Book*—a continuous publication of Healthy Mothers/Healthy Babies, distributed at birth to all mothers of babies born in Washington.
- *ELABORATIONS*—a monthly publication of the Washington State Public Health Laboratories distributed to clinical laboratories statewide.

Presentations have been made at:

- a Washington State Data Users Conference
- a Washington State Public Health Association Meeting
- a conference of the Midwives Association of Washington State

- Western Washington Chapter of the March of Dimes Birth Defects Foundation Meetings

- Washington State Perinatal Advisory Committee Meetings

- Washington State Board of Health

- Hospitals throughout the state (invited in-service presentations).

We have placed particular emphasis on equalizing access (i.e., decreasing barriers) to NBS in babies whose mothers are young, unmarried, have less than a high school education, and/or fewer than 12 prenatal visits, and who are socio-economically challenged. These efforts were paid for, in part, by a Special Projects of Regional and National Significance (SPRANS) grant we received from the Genetic Disease Branch of the Bureau of Maternal and Child Health entitled "Washington Newborn Screening Hemoglobinopathy Program," (MCJ-531002) from October 1992 through September 1995.

More than 99% of infants in Washington receive an initial NBS test prior to age 5 days. A routine second NBS test is usually obtained at age 7–14 days. Examination of the ratio of specimens received per infant tested over a 5 year period (January 1, 1990 through December 31, 1994) shows a steady increase in compliance with the recommendation for a routine, second NBS test as illustrated in Table I.

There are two caveats to this observation. First, at this time our data are not adequate to allow for a comparison of babies born to mothers in high and low risk groups and second, the ratio information we have at this time is not a direct measure of the proportion of babies who actually received a routine second NBS test. For several reasons (e.g., inadequate specimen collection, an unusual first NBS test result, etc.), some

TABLE I. Examination of Ratio of Specimens Tested Over a 5-Year Period

Year	Total infants tested	Total specimens received in laboratory	Index of second screen
1990	75,556	133,148	76%
1991	74,878	137,765	84%
1992	74,747	138,207	85%
1993	72,983	136,369	87%
1994	71,406	134,698	89%

Received for publication January 16, 1996; revision received March 20, 1996.

Address reprint requests to Dr. Robert M. Fineman, Washington State Department of Health, Genetic Services Section, 1511 Third Ave., Suite 323, Seattle, WA 98101-1632.

infants (actually, very few) receive more than two NBS tests. However, we still believe the index is a consistent and reliable indicator of the proportion of babies who are receiving a routine second test. We intend to collect additional data in the future to confirm these observations and perceptions, and eliminate the limitations of the data presented here.

REFERENCES

- Doyle D, Sanderson M, Bentvelzen J, Fineman RM (1995): Factors which influence the rate of receiving a routine second newborn screening test in Washington State. *Am J Med Genet* 59:417-420.

Robert M. Fineman

Washington State Department of Health
Genetic Services Section
Office of Maternal and Child Health
Seattle, Washington

Michael W. Glass

Sheila S. Neier

Washington State Department of Health
Public Health Laboratories
Office of Newborn Screening
Seattle, Washington